

# YOUTH QUAKE REGISTRATION FORM // 2019

**FEBRUARY 15<sup>TH</sup>-17<sup>TH</sup> 2019**

**EMMANUEL BAPTIST CHURCH YOUTH GROUP**

**YOU MUST HAVE THIS FORM SUBMITTED TO JANA-LYN BY NO LATER THAN NOVEMBER 20<sup>TH</sup>. YOU CAN EITHER SCAN IT OR FAX IT TO OUR OFFICE 306.477.1452 OR YOU CAN EMAIL IT TO JANA-LYN JANA-LYN@EBAP.CA OR GIVE IT TO JANA-LYN IN PERSON!**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

GENDER: FEMALE / MALE

DATE OF BIRTH: \_\_\_\_\_ *RETREATERS MUST BE 13 YEARS OF AGE BY DEC. 31 2018.*

ADDRESS: \_\_\_\_\_

ADDRESS2: \_\_\_\_\_

TOWN: \_\_\_\_\_

PROV./STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL#: \_\_\_\_\_

## HEALTH CARD

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CHURCH/ORGANIZATION AFFILIATION: *(IF ANY)* \_\_\_\_\_

## PARENT / GUARDIAN

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

## SPECIAL FOOD REQUIREMENTS

FOOD ALLERGIES: *DO YOU HAVE ANY FOOD ALLERGIES YOU ARE AWARE OF?*

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WE UNDERSTAND THAT THERE ARE CIRCUMSTANCES OUTSIDE OF OUR CONTROL. HOWEVER, PLEASE NOTE THAT AFTER THE TICKETS ARE PURCHASED THAT THERE IS A 30\$ ADMINISTRATIVE FEE FOR CANCELATIONS. IF YOU HAVE ANY CONCERNS, PLEASE CONTACT JANA-LYN AT JANA-LYN@EBAP.CA